

Number - Year original issued _____

Application accepted and duplicate issued _____

Date - Clerk _____

**APPLICATION FOR DUPLICATE
MOTOR VEHICLE CERTIFICATE OF TITLE**

TYPEWRITE OR PRINT IN INK - Improperly filled application will not be accepted.

License Plate Number: _____

Make: _____

Vehicle Identification Number: _____

Registered Owner of Record: _____

Lienholder of Record: _____

Address: _____
NUMBER AND STREET CITY ZIP CODE

**FEE
\$10.00**

The undersigned certifies that the Certificate of Title for the above described vehicle has been ☐ lost ☐ stolen ☐ mutilated ☐ defaced, and hereby requests the issuance of a duplicate, which issuance shall void the original certificate.

**DEFACED OR
MUTILATED
CERTIFICATE MUST
BE SURRENDERED
WITH THIS
APPLICATION.**

SIGNATURE OF LIENHOLDER OF RECORD

*If firm - also print name and title of person signing. If joint ownership, all owners must sign.